

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

3975 Fair Ridge Dr.

Suite 400 North

☐Check if different
than previously
reported. (ACC)

FAIRFAX

VA

22033

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00408435

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☒October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2010

through

09

30

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Doug Huynh

Signature of Treasurer

Electronically Filed by Doug Huynh

Date

10

15

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 28

Write or Type Committee Name

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M M
0 7D D
0 1Y Y Y Y
2 0 1 0

To:

M M
0 9D D
3 0Y Y Y Y
2 0 1 0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2010		130233.51
(b) Cash on Hand at Beginning of Reporting Period	132740.60	
(c) Total Receipts (from Line 19)	24772.41	43516.63
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	157513.01	173750.14
7. Total Disbursements (from Line 31)	24602.92	40840.05
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	132910.09	132910.09
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE **OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

3 / 28

Write or Type Committee Name

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	7	0	1	2	0	1	0

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	18240.00	30470.00
(ii) Unitemized	6485.00	12905.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	24725.00	43375.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ➤	24725.00	43375.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	47.41	141.63
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	24772.41	43516.63
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	24772.41	43516.63

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	102.92	340.05	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	102.92	340.05	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	24500.00	40500.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	24602.92	40840.05	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	24602.92	40840.05	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	24725.00	43375.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	24725.00	43375.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	102.92	340.05
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	102.92	340.05

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Philip Adler

Mailing Address 11800 Twelve Mile Rd.

City

Warren

State

MI

Zip Code

48093

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. John Macomb Hospital

Occupation
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.6977

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Steven Amberson

Mailing Address 300 Professional Drive

City

Scarborough

State

ME

Zip Code

04074

FEC ID number of contributing
federal political committee.

C

Name of Employer
Spectrum Medical Group

Occupation
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.6962

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Marc Bernstein

Mailing Address Department of Radiology
1400 Charles Street

City

Rockford

State

IL

Zip Code

61104-2298

FEC ID number of contributing
federal political committee.

C

Name of Employer
Swedish American Health
System

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.7023

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Lynn Brody

Mailing Address 1275 York Avenue

City

New York

State

NY

Zip Code

10021

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Sloan-Kettering
Cancer

Occupation
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.7049

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Scott G. Bryk

Mailing Address 106 Chinquapin

City

Hallsville

State

TX

Zip Code

75650

FEC ID number of contributing
federal political committee.

C

Name of Employer
Longview Regional Medical
Cent

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.6949

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Pairoj S Chang

Mailing Address 801 East Dixie Ave.
Suite 104

City

Leesburg

State

FL

Zip Code

34748

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates Of
Centra

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 2 / 2 0 1 0

Transaction ID: SA11AI.6959

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Steven Citron

Mailing Address 13 Ball Mill Place

City

Atlanta

State

GA

Zip Code

30350

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates Of
Atlant

Occupation
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.6931

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

William C Culp

Mailing Address 11560 Rivercrest Drive

City

Little Rock

State

AR

Zip Code

72212

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Arkansas for
Med

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.6984

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Lawrence G Davis

Mailing Address 11509 Gold Tunnel Ct

City

Gold River

State

CA

Zip Code

95670

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kaiser Permanente Medical
Grou

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.7050

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Janette Durham

Mailing Address 4200 E 9th Ave
A030

City State Zip Code
Denver CO 80262

FEC ID number of contributing
federal political committee.

C

Name of Employer
University Of Colorado Ho-
spita

Occupation
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 27 2010

Transaction ID: SA11AI.6975

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Kevin Duwe

Mailing Address 8606 E. San Lucas Dr.

City State Zip Code
Scottsdale AZ 85032

FEC ID number of contributing
federal political committee.

C

Name of Employer
Associated Radiologists

Occupation
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 30 2010

Transaction ID: SA11AI.7036

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Pablo Gamboa

Mailing Address 3525 Olentangy River Rd.

City State Zip Code
Columbus OH 43214

FEC ID number of contributing
federal political committee.

C

Name of Employer
Riverside Methodist Hospi-
tal

Occupation
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 16 2010

Transaction ID: SA11AI.7054

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Monte Golditch

Mailing Address 7 Broadmoor Ave.

City

Colorado Springs

State

CO

Zip Code

80906

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Hospital

Occupation
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 2 / 2 0 1 0

Transaction ID: SA11AI.7005

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Brent Herbel

Mailing Address PO Box 6341

City

Grand Forks

State

ND

Zip Code

58206

FEC ID number of contributing
federal political committee.

C

Name of Employer
Altru Hospital

Occupation
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.6953

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Stephen Hofkin

Mailing Address 8930 Elusion Ct.

City

Redding

State

CA

Zip Code

96001

FEC ID number of contributing
federal political committee.

C

Name of Employer
MD Imaging

Occupation
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.6932

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 28

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Hull

Mailing Address 2651 Radnor PI

City

Midlothian

State

VA

Zip Code

23113

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chippenhams Medical CenterOccupation
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	7	/	2	0	1	0

Transaction ID: SA11AI.6978

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Chandra Katragadda

Mailing Address 3462 Ocean Dr

City

Corpus Christi

State

TX

Zip Code

78411

FEC ID number of contributing
federal political committee.

C

Name of Employer
Christus Spohn HospitalSOccupation
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	0	/	2	0	1	0

Transaction ID: SA11AI.7038

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Gary S Kramer

Mailing Address 2418 Woodcrest Drive

City

Johnstown

State

PA

Zip Code

15905

FEC ID number of contributing
federal political committee.

C

Name of Employer
Conemaugh Memorial HospitalOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	1	/	2	0	1	0

Transaction ID: SA11AI.6998

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Anthony Kudirka

Mailing Address 1700 Hickory Valley Rd.

City

Milford

State

MI

Zip Code

48380

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mount Clemens Regional Me-
dical

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.7031

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Jason Levy

Mailing Address 275 Trimble Crest Drive

City

Atlanta

State

GA

Zip Code

30342

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northside Hospital

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.7034

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

P. Wes Lewis

Mailing Address 15830 Ponderosa Drive

City

Catlettsburg

State

KY

Zip Code

41129

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kings Daughters Medical
Center

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.6957

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Louis Lucas

Mailing Address 77 Nottingham Drive

City

Jackson

State

TN

Zip Code

38305

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jackson-Madison County Ge-
neral

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.7035

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Thomas Luetkehans

Mailing Address 3111 Aspinwall Rd NW

City

Olympia

State

WA

Zip Code

98502-1587

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Sound Radiologists

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.7062

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Herb Lustberg

Mailing Address 3 Town Clerk Rd

City

Killingsworth

State

CT

Zip Code

06419

FEC ID number of contributing
federal political committee.

C

Name of Employer
The William W. Backus Hos-
pital

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.6938

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Margaret Alma Lynch-Nyhan

Mailing Address 2838 St. Paul St.

City

Baltimore

State

MD

Zip Code

21218

FEC ID number of contributing
federal political committee.

C

Name of Employer
ST JOSEPH MEDICAL CENTER

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.7056

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Shekher Maddineni

Mailing Address 14 Walden Hill

City

Chappaqua

State

NY

Zip Code

10514

FEC ID number of contributing
federal political committee.

C

Name of Employer
Westchester Medical Center

Occupation
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.6994

Amount of Each Receipt this Period

210.00

C.

Full Name (Last, First, Middle Initial)

Dr. Charles Martin

Mailing Address 425 Old Morris Rd.

City

Harleysville

State

PA

Zip Code

19438

FEC ID number of contributing
federal political committee.

C

Name of Employer
Grand View Hospital

Occupation
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.7022

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

710.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Cornelius S McCarthy

Mailing Address 15 Warren St
Apt 122

City State Zip Code
Jersey City NJ 07302

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Barnabas Medical Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.6995

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

J. Laird McMullen

Mailing Address 1771 Heim Road

City State Zip Code
Mount Dora FL 32757

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lake Medical Imaging

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.7008

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Chanh D Nguyen

Mailing Address 1740 E Shepherd Ave
Apt 158

City State Zip Code
Fresno CA 93720

FEC ID number of contributing
federal political committee.

C

Name of Employer
CMI Radiology Group

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.7044

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 16 / 28

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Andrew Novick

Mailing Address 6 Floral Court

City

Westfield

State

NJ

Zip Code

07090

FEC ID number of contributing
federal political committee.

C

Name of Employer
Newark Beth Israel Hospital
Me

Occupation
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.7007

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Oliver D. Ochs

Mailing Address 2147 E. Hamlin

City

Seattle

State

WA

Zip Code

98112

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radia Business Office

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.6990

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Randon L Opp

Mailing Address 700 Ironwood Drive Suite 110

City

Coeur D Alene

State

ID

Zip Code

83814

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kootenai Medical Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.7060

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 17 / 28

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Jin Park

Mailing Address 11692 Parkside Ave

City

Alpharetta

State

GA

Zip Code

30005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northside Radiology Assoc-
iates

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.7033

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Mahrad Paymani

Mailing Address 7635 Frog Log Lane

City

Leesburg

State

FL

Zip Code

34748

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Centra

Occupation
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.6958

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. David Porter

Mailing Address 1067 S. Gilpin St.

City

Denver

State

CO

Zip Code

80209

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Imaging Associa-
tes

Occupation
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.6967

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 18 / 28

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Zachary Rattner

Mailing Address 1560 Rancho Serena

City

Rancho Santa Fe

State

CA

Zip Code

92067

FEC ID number of contributing
federal political committee.

C

Name of Employer
La Jolla Radiology & the
Vein

Occupation
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.7048

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Praveen Reddy

Mailing Address 984 Wescott Lane NE

City

Atlanta

State

GA

Zip Code

30319-4325

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northside Radiology Assoc-
iates

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.7019

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Kenneth Robbins

Mailing Address 9601 Lile Dr
Ste 1100

City

Little Rock

State

AR

Zip Code

72205

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Consultants

Occupation
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.6955

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. David Sacks

Mailing Address 1317 Old Mill Rd.

City

Reading

State

PA

Zip Code

19610

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Reading Hospital and
Medic

Occupation
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.6942

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Marc S Schwartzberg

Mailing Address 1055 Ceasars Court

City

Mount Dora

State

FL

Zip Code

32757

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Centra

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.7010

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Sandy Shultz

Mailing Address 1021 Johnson St.

City

Key West

State

FL

Zip Code

33040

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology in Paradise

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 2 / 2 0 1 0

Transaction ID: SA11AI.6922

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Steven J. Smith

Mailing Address 1879 N. Burling

City

Chicago

State

IL

Zip Code

60614

FEC ID number of contributing
federal political committee.

C

Name of Employer
LaGrange Memorial Hospital

Occupation
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.6968

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Coralli So

Mailing Address 244 West Newton St.
#3

City

Boston

State

MA

Zip Code

02116

FEC ID number of contributing
federal political committee.

C

Name of Employer
Melrose-Wakefield Hospital

Occupation
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.6971

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Gregory Soares

Mailing Address 11 Robbins Drive

City

Barrington

State

RI

Zip Code

02806

FEC ID number of contributing
federal political committee.

C

Name of Employer
RI Vascular Institute

Occupation
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.7040

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Robert M. Spillane

Mailing Address Jefferson Radiology

85 Seymour Street Suite 227

City

Hartford

State

CT

Zip Code

06106

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hartford Hospital

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.7039

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Thomas St. Amour

Mailing Address 14116 Belle Pointe

City

Little Rock

State

AR

Zip Code

72212

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Consultants

Occupation
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 2 / 2 0 1 0

Transaction ID: SA11AI.6927

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Charles Tate

Mailing Address 4725 N. Federal Highway

City

Fort Lauderdale

State

FL

Zip Code

33308

FEC ID number of contributing
federal political committee.

C

Name of Employer
Holy Cross Hospital

Occupation
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.6920

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 22 / 28

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. John JT Thomas

Mailing Address 13651 Treasure Trail Dr.

City

San Antonio

State

TX

Zip Code

78232

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Texas Radiology Gro-
up

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.6983

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. John Tonkin

Mailing Address PO Box 48

City

Daytona Beach

State

FL

Zip Code

32115

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates

Occupation
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1830.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.7014

Amount of Each Receipt this Period

1830.00

C.

Full Name (Last, First, Middle Initial)

Thomas Velling

Mailing Address 27565 Lost Trail Rd

City

Laguna Hills

State

CA

Zip Code

92653

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hoag Memorial Hospital

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.6929

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

2580.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Terrence Wilkin

Mailing Address 2650 Ridge Ave.

City

Evanston

State

IL

Zip Code

60201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Evanston Hospital

Occupation
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.7055

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Carol Younathan

Mailing Address 6716 NW 11th Pl

City

Gainesville

State

FL

Zip Code

32605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Diagnostic Imaging Center

Occupation
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.7012

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

18240.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address PO Box 27025</p> <p>City Richmond State VA Zip Code 23261</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.6887</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="33.27"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address PO Box 27025</p> <p>City Richmond State VA Zip Code 23261</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.6888</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="34.42"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address PO Box 27025</p> <p>City Richmond State VA Zip Code 23261</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.6889</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="35.23"/></p>

SUBTOTAL of Disbursements This Page (optional)

102.92

TOTAL This Period (last page this line number only)

102.92

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 25 / 28

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOHN J. BARROW

Mailing Address PO Box 8166

City
SavannahState
GAZip Code
31412

Purpose of Disbursement

Candidate Name

FRIENDS OF JOHN BARROW

Category/
Type

Office Sought:

☒

House

☐

Senate

☐

President

State: GA

District: 12

Disbursement For:

2010

☐

Primary

☐

Other (specify) ▼

☒

General

Transaction ID: SB23.6899

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	1	0

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

CONTINUING A MAJORITY PARTY ACTION COMMITTEE (CAM-PAC)

Mailing Address 5915 Eastman Avenue Suite 100

City
MidlandState
MIZip Code
48640

Purpose of Disbursement

Candidate Name

CONTINUING A MAJORITY PARTY ACTION COMMITTEE (CAMPAC)

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

State:

District:

Disbursement For:

2010

☐

Primary

☐

Other (specify) ▼

☒

General

Transaction ID: SB23.6893

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	4		2	0	1	0

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

JOHN D. MR. DINGELL

Mailing Address 607 14th Street, N.W.
Suite 800City
WashingtonState
DCZip Code
20005

Purpose of Disbursement

Candidate Name

JOHN D. DINGELL FOR CONGRESS COMMITTEE

Category/
Type

Office Sought:

☒

House

☐

Senate

☐

President

State: MI

District: 15

Disbursement For:

2010

☐

Primary

☐

Other (specify) ▼

☒

General

Transaction ID: SB23.6895

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	7		2	0	1	0

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 26 / 28

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

J. PHILLIP GINGREY

Mailing Address 632 N. St. Marys Lane

City Marietta State GA Zip Code 30064

Purpose of Disbursement

Candidate Name
GINGREY FOR CONGRESS

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: GA District: 11

Transaction ID: SB23.6912

Date of Disbursement

09 / 24 / 2010

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

MONTANA DEMOCRATIC PARTY

Mailing Address PO Box 802

City Helena State MT Zip Code 59624

Purpose of Disbursement

Candidate Name
MONTANA DEMOCRATIC PARTY

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.6902

Date of Disbursement

09 / 24 / 2010

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

TIM MURPHY

Mailing Address 221 Brookside Blvd.

City Pittsburgh State PA Zip Code 15241

Purpose of Disbursement

Candidate Name
TIM MURPHY FOR CONGRESS

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 18

Transaction ID: SB23.6909

Date of Disbursement

09 / 24 / 2010

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOSEPH R PITTS

Mailing Address PO BOX 775
PO BOX 775

City Unionville State PA Zip Code 19375

Purpose of Disbursement

Candidate Name
FRIENDS OF JOE PITTS

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 16

Transaction ID: SB23.6897

Date of Disbursement

09 / 24 / 2010

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

MICHAEL AVERY ROSS

Mailing Address PO Box 360
PO BOX 374

City Prescott State AR Zip Code 71857

Purpose of Disbursement

Candidate Name
MIKE ROSS FOR CONGRESS COMMITTEE

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: AR District: 04

Transaction ID: SB23.6904

Date of Disbursement

09 / 24 / 2010

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

PAUL D. RYAN

Mailing Address 221 Holmes Street

City Janesville State WI Zip Code 53545

Purpose of Disbursement

Candidate Name
RYAN FOR CONGRESS

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: WI District: 01

Transaction ID: SB23.6890

Date of Disbursement

07 / 02 / 2010

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ED WHITFIELD

Mailing Address 108 ALUMNI AVENUE

City
HOPKINSVILLE

State
KY

Zip Code
42240

Purpose of Disbursement

Candidate Name

WHITFIELD FOR CONGRESS COMMITTEE

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: KY District: 01

Transaction ID: SB23.6896

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

24500.00